(2)

1993
Executive Research Project
S13

Readiness Strategy and Strategic Readiness Planning for the Commissioned Corps of the United States Public Health Service

Captain
Richard E. Davis
U.S. Public Health Service

Faculty Research Advisor
Dr. John E. Bokel

The Industrial College of the Armed Forces
National Defense University
Fort McNair, Washington, D.C. 20319-6000

Unclassified
SECURITY CLASSIFICATION OF THIS PAGE

REPORT DOCUMENTATION PAGE

1a. REPORT SECURITY CLASSIFICATION Unclassified	1b. RESTRICTIVE MARKINGS
2a. SECURITY CLASSIFICATION AUTHORITY N/A	3. DISTRIBUTION / AVAILABILITY OF REPORT Distribution Statement A: Approved for public release; distribution is unlimited.
2b. DECLASSIFICATION / DOWNGRADING SCHEDULE N/A	
4. PERFORMING ORGANIZATION REPORT NUMBER(S) NDU-ICAF-93-Δ13	5. MONITORING ORGANIZATION REPORT NUMBER(S) Same
6a. NAME OF PERFORMING ORGANIZATION Industrial College of the Armed Forces 6b. OFFICE SYMBOL (If applicable) ICAF-FAP	7a. NAME OF MONITORING ORGANIZATION National Defense University
6c. ADDRESS (City, State, and ZIP Code) Fort Lesley J. McNair Washington, D.C. 20319-6000	7b. ADDRESS (City, State, and ZIP Code) Fort Lesley J. McNair Washington, D.C. 20319-6000
8a. NAME OF FUNDING / SPONSORING ORGANIZATION 8b. OFFICE SYMBOL (If applicable)	9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER
8c. ADDRESS (City, State, and ZIP Code)	10. SOURCE OF FUNDING NUMBERS PROGRAM ELEMENT NO. / PROJECT NO. / TASK NO. / WORK UNIT ACCESSION NO.
11. TITLE (Include Security Classification) Readiness Strategy and Strategic Readiness Planning for the Commissioned Corps of the United States Public Health Service	
12. PERSONAL AUTHOR(S) Richard E. Davis	
13a. TYPE OF REPORT Research 13b. TIME COVERED FROM Aug 92 TO Apr 93	14. DATE OF REPORT (Year, Month, Day) April 1993 15. PAGE COUNT 37
16. SUPPLEMENTARY NOTATION	

17. COSATI CODES			18. SUBJECT TERMS (Continue on reverse if necessary and identify by block number)
FIELD	GROUP	SUB-GROUP	

19. ABSTRACT (Continue on reverse if necessary and identify by block number)

SEE ATTACHED.

20. DISTRIBUTION / AVAILABILITY OF ABSTRACT ☒ UNCLASSIFIED/UNLIMITED ☒ SAME AS RPT. ☐ DTIC USERS	21. ABSTRACT SECURITY CLASSIFICATION Unclassified
22a. NAME OF RESPONSIBLE INDIVIDUAL Judy Clark	22b. TELEPHONE (Include Area Code) (202) 475-1889 22c. OFFICE SYMBOL ICAF-FAP

DD FORM 1473, 84 MAR 83 APR edition may be used until exhausted. All other editions are obsolete.

SECURITY CLASSIFICATION OF THIS PAGE
UNCLASSIFIED

1993
Executive Research Project
S13

Readiness Strategy and Strategic Readiness Planning for the Commissioned Corps of the United States Public Health Service

Captain
Richard E. Davis
U.S. Public Health Service

Faculty Research Advisor
Dr. John E. Bokel

The Industrial College of the Armed Forces
National Defense University
Fort McNair, Washington, D.C. 20319-6000

DISCLAIMER

This research report represents the views of the author and does not necessarily reflect the official opinion of the Industrial College of the Armed Forces, the National Defense University, or the Department of Defense.

TABLE OF CONTENTS

READINESS STRATEGY AND STRATEGIC READINESS PLANNING FOR THE COMMISSIONED CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE

INTRODUCTION

> **"I do solemnly swear that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD ...[1]"**
>
> **Oath of Office**

The purpose of this paper is to develop the Readiness Strategy and outline Strategic Readiness Planning for the Commissioned Corps of the United States Public Health Service (PHSCC). This will require reviewing the roles and missions, both past and present, and developing the Commissioned Corps interests and objectives.

Upon taking the Oath of Office and becoming a Commissioned Officer in the United States Public Health Service, an officer becomes a member of a uniformed service. Dedication to the Service and the United States is imperative. The officer is the manpower -- the resource -- for the Service to fulfill its responsibilities and obligations as a *mobile* medical and health service. The Commissioned Officers of the United States Public Health Service are the mobile cadre which enables the Service to

accomplish its broad, complex missions.

The Commissioned Corps of the United States Public Health Service is one of the uniformed services of the United States[2]. The Commissioned Corps is unique; in that, it is the only uniformed service with health care as its primary mission. The Corps strength is its knowledge and expertise in the various fields of medicine, epidemiology, environmental health, and medical support services. Commissioned Officers are subject to orders for involuntary assignments and militarization by Presidential Order. As such, these professionals are available to the Government for deployment anywhere in the world.

Having an elite mobile health service, however, requires more than just having the resource -- the people. Having the resource is of little value, unless it can be mobilized to fulfill the requirements during times when vital interests are threatened. This requires professionals who are ready and trained to respond to health-related national security emergencies. It requires the Commissioned Corps of the United States Public Health Service to be proactive and have a readiness strategy and plan to use these resources effectively and efficiently.

ROLES AND MISSIONS

> **"The mission of the Commissioned Corps of the United States Public Health Service is to provide highly-trained and mobile health professionals who carry out programs to promote the health of the nation, understand and prevent disease and injury, assure safe and effective drugs and medical devices, and deliver health services to Federal beneficiaries, and who furnish health expertise in times of war or other national or international emergencies. As one of the seven uniformed services of the United States, the Commissioned Corps is a specialized career system designed to attract, retain, and develop health professionals who may be assigned to Federal, State, or local agencies or international organizations to accomplish its mission[3]."**
>
> **Assistant Secretary for Health**
> **December 11, 1989**

The mission statement for the PHSCC is derived from the laws and regulations which govern the use of the Commissioned Corps. Two key points are expressed in the mission statement which indicate why the PHSCC needs to establish a readiness strategy and to develop and maintain an acceptable level of readiness. The first point is that the "Commissioned Corps of the United States Public Health Service is to provide highly-trained and mobile health professionals." The second point is that the PHSCC must "furnish health expertise in times of war or other national or international emergencies."

Historic Perspective

In 1798, President John Adams established the Public Health Service for the relief and care of sick and disabled seamen[4]. It was almost 100 years later that the Commissioned Corps was formalized by Congress in 1889. The Commissioned Corps has a long history of involvement in domestic and international emergencies of national interest, including the Civil War and the War of 1812[5].

On April 3, 1917, as America entered World War I, President Wilson made the PHSCC a part of the military force of the United States through this Executive Order,

> **"the Public Health Service shall constitute a part of the military forces of the United States... the Secretary of the Treasury may upon request of the Secretary of War or the Secretary of the Navy detail officers of said Service for duty with the Army or the Navy. All the stations of the Public Health Service are hereby made available for the reception of sick and wounded officers and men or for such other purpose as shall promote the public interest in connection with military operations.[6]"**
>
> **President Woodrow Wilson**
> **Executive Order**

Officers were detailed to both the Army and the Navy[7]. The PHSCC, which was then composed mostly of physicians, was tasked mainly with the control of disease and epidemics. Military history has shown that disease, such as, typhus, plague, cholera, typhoid, and dysentery, have often been the more decisive factor

in battles than great military commanders. The most victorious military "general" in many cases has been "General Sickcall[8]." Entire wars and campaigns were lost due to disease from the plague in the Peloponnesian Wars to the "Old Soldier's Disease" in the American Civil War.

As the Second World War began, the PHSCC was already involved throughout the Army and Navy Service Commands with overseeing food inspections, sewage disposal, venereal disease, and tuberculosis control[9]. Five PHS medical officers stationed in the Philippines were among the first to be taken as prisoners of war by the Japanese[10]. The United States Coast Guard was used to transport troops to the European and North Africa theaters and then, as it is today, the PHSCC provided medical support on board the Coast Guard ships. PHSCC involvement continued during the Korean, Vietnam, and Persian Gulf wars, although the Corps was not formally mobilized[11].

In Peacetime

During peacetime, most of the Public Health Service (PHS) work is involved with public health issues and problems in the United States and around the world. Commissioned Corps Officers are tasked with promoting the health of the nation through the programs of the PHS Agencies[12]. PHSCC officers provide clinical

medical services for the Coast Guard, National Oceanic and Atmospheric Administration, Federal Bureau of Prisons, Indian Health Service, and Immigration and Naturalization Service. Officers are also assigned to other governmental and international world health organizations, among them are the Agency for International Development, World Health Organization, Environmental Protection Agency, and the Department of Defense.

During National Security Emergencies

PHS peacetime activities normally continue during emergency situations, though they may be reduced, modified, and even terminated based on the severity and priority of the emergency. Although the PHS activities may not change during a national security emergency, the tasking and assignments of PHSCC officers may dramatically change. The PHSCC must have the capability and be prepared to undergo a rapid transition from the peacetime, non-emergency environment to a state of emergency.

The PHSCC responsibility changes during these times are based on federal laws, executive orders, federal statutes, the Federal Response Plan issued by the Federal Emergency Management Agency, Department of Defense Directives (DoDD) and Instructions (DoDI), or Memorandums of Understanding. The in-depth analysis of these responsibilities were addressed in The Public Health Service Commissioned Corps' Role in Disaster Response, a 1991 Industrial

College of the Armed Forces research paper by Commander William Knight, USPHS. Some specific examples of situations which may require mobilization of the PHSCC are:

Assistance during a natural or technological disaster or mass casualty situation (national or international),

Support of a National Disaster Medical System activation,

Assistance in a mass immigration or repatriation emergency,

Support of United States sponsored "humanitarian" missions,

Support of military medical and/or health support missions,

Support of other National Security Emergencies where medical and health manpower resources are required.

WHERE ARE WE?

The Department of Health and Human Services (DHHS) has devoted considerable effort to the emergency preparedness functions. Most of the effort has involved developing and managing the National Disaster Medical System (NDMS)[13] which has been a major task. NDMS is not a PHSCC function, although PHSCC resources would support an activation of the NDMS. The System is designed to use all volunteer civilian manpower[14].

The DHHS, for a long time, has had a Disaster Response Guide to delineate which PHS Agency has the lead role, and which Agencies are designated tasks for specific categories of emergencies. It provides a flexible framework for responding to emergency situations. It does not address the mechanism for response at the resource level. At the resource level, readiness is the decisive factor.

Although there is overlapping use of personnel, emergency preparedness and operational readiness are two distinct and separate functions. Readiness must concern itself with the resource level. Readiness activities involve answering questions, such as: what resources are available; where will they come from; is back-filling required; when are they available; how long are they available; are they trained; are they ready to be

mobilized; are they ready for the specific tasks or mission requirements; what external support is required; and has coordination taken place? These are just a few of the questions that need answered.

There has been an effort recently to address some of the resource issues and questions. As part of the NDMS development process, the PHS established two field deployable medical units in 1984 to demonstrate the viability of NDMS. These units proved the NDMS concept. Following the demonstrative phase, the units continued to train and exercise officers in preparation for other PHS missions. Through a joint service agreement with a United States Army Medical Battalion, one of the PHSCC field units was used to train PHSCC officers and Army field medical personnel for field medical operations[15]. The training experience the Army unit received during these joint service field exercises sharpened their skills, and proved to be extremely valuable during the Medical Battalion's deployment to the Persian Gulf. The field unit provided the PHSCC with a limited model for training and exercising commissioned officers and establishing a level of readiness at the field operational and tactical level. This model exercised medical support, medical services support, preventive health, field sanitation, and command and control functions.

In 1989, the PHSCC began actively working with DoD[16] to develop policies for PHSCC officers, assigned to DoD, during national security emergencies. Additionally, in 1992, the United States Public Health Service and the Army Corps of Engineers entered a Memorandum of Understanding for joint service operations to fulfill the responsibilities in the Federal Response Plan, Emergency Support Function #3 (Public Works and Engineering). Another Memorandum of Understanding was signed with the Coast Guard to increase PHSCC medical support in the event of a Coast Guard full scale mobilization.

PHSCC officers have responded several times, over the past decade, during peacetime national and international crisis situations and disasters, including the: Mariel Boat Lift (Cuba) and Haiti Boat Migration, Air Florida crash, earthquake in Armenia, nuclear disasters at Three Mile Island and Chernobyl, and hurricane relief following Hurricanes "Hugo" and "Andrew."

To move into the twenty-first century, it is necessary to develop a readiness strategy and plan which is visionary and will meet the PHSCC mission requirements. The strategy and plans for the future will require the coordination and support from the highest level of PHSCC management.

WHAT IS STRATEGY AND WHY IS IT IMPORTANT?

Strategy?

> **"Strategy is the comprehensive direction of power to control situations and areas to attain broad objectives[17]."**
>
> **RADM Henry E. Eccles (RET)**

On the national level, the National Strategy of the United States is based on national interests, derived from national goals[18]. These national goals are set forth in the Declaration of Independence and the Preamble of the Constitution[19]. The National Strategy is developed based on: values, environments (both domestic and international), economics, military, political, elements of national power, resources, and many other factors.

Rear Admiral Henry Eccles defines strategy as the use of power to attain objectives. Power, in this sense, doesn't refer to only military power, but to using all available resources to attain specific results. Webster's Dictionary defines strategy as, "the art of devising or employing plans or stratagems -- general maneuvers -- towards a goal[20]." We know that objectives drive strategy; but we also know that strategy will provide the opportunity to accomplish the objectives.

Because of the many ways the term "strategy" is used, it is sometimes difficult to understand the specific subject being defined. The focus of this paper is on a "readiness strategy" with readiness being defined as the ability to use resources to meet obligations. We'll look at readiness strategy primarily on the basis of developing PHSCC readiness interests (why to do) and objectives (what to do), as a factor of the roles and missions of the PHSCC.

Why do we need it?

In 1955, Dr. Herbert Rosinski, author of "New Thoughts on Strategy," said, "...it is the element of control which is the essence of strategy, control being the element which differentiates true strategic action from a haphazard series of improvisations[21]." With a PHSCC Readiness Strategy and Strategic Readiness Plan, the PHSCC can concentrate on the ways and means to achieve its readiness interests and objectives. When fully developed, the Strategic Readiness Plan will provide the necessary controls for such things as: decision-making process; use of resources; focus of responsibilities; training; organization; policy; and procedures. A strategy will lessen the uncertainties and haphazard improvisations during response to national emergencies by the PHSCC.

DEVELOPING THE PHSCC READINESS STRATEGY

> **"... our commitment to revitalize the Commissioned Corps (of the United States Public Health Service) as a strong, dynamic resource for our country[22]."**
>
> **VADM C. Everett Koop**
> **Former Surgeon General**

When defining the readiness interests and objectives of the PHSCC, planners must pay special attention to the wide spectrum of responsibilities and obligations during national security emergencies, both in peacetime and war. The strategy must provide the plans for meeting the PHSCC mission requirements. Vice Admiral Koop was an advocate for a strong PHSCC. One of the objectives of the PHSCC revitalization he initiated was to define clearly the Commissioned Corps as a strong, dynamic resource for the United States. The interests, objectives, and strategy developed here support that initiative, and are specifically limited to readiness requirements.

PHSCC Readiness Interests

PHSCC readiness interests, as with national interests, fall into two categories: common and enduring; and transitory[23]. The interests must represent those conditions or circumstances that contribute to the well-being of the Commissioned Corps in meeting its roles and mission in support of a readiness capability and component. They are the reason "why" the PHSCC must maintain a specific level of readiness.

Common and enduring interests are those which apply based on the obligations of the PHSCC as a uniformed service. The transitory interests, as expected, are changing interests based on world events. They are formed based on a perception of future needs and requirements. Transitory interests are derived by asking, what are the possibilities and consequences of future events which would generate a demand on the PHSCC resources?

The PHSCC Readiness Interests[24] are:

> To provide the Commissioned Corps of the United States Public Health Service with an acceptable level of readiness; such that, it can respond and fulfill its functions and obligations, as a mobile, uniformed medical health service,
>
> To have the mobility and capability necessary for the PHSCC to be a strong resource for our country during national security emergencies -- domestic and international, in peace and during conflicts, natural or man-made,
>
> To assure that the Commissioned Corps is prepared and trained to assume the leadership or support role when requested by the President of the United States,

To be prepared for the roles and missions the Commissioned Corps is obligated, as defined by: federal laws, executive orders, regulations, and other agreements,

To be able to integrate the Commissioned Corps into an operational environment with other uniformed services and Government agencies during national emergencies,

To be prepared to meet the challenges, threats, and risks created by instability in the world, especially chemical, biological, and nuclear proliferation and terrorist activities which may pose threats within the United States and effect the security of its people, and in the event of mass immigration from neighboring countries.

PHSCC Readiness Objectives

PHSCC Readiness Objectives are devised from the PHSCC Readiness Interests and the strategic goals for the PHSCC. They are fundamental aims which direct the Commissioned Corps' efforts and resources to establish an acceptable level of readiness. They express "what the PHSCC wants or needs to do" to achieve an acceptable "state of readiness."

The PHSCC Readiness Objectives[25] are:

To develop an organization and management structure which is responsible for assuring that the Commissioned Corps of the United States Public Health Service is prepared and ready to respond during crisis situations,

To develop a readiness and response plan that is adequate, feasible, and acceptable, incorporating flexibility and adaptive capabilities,

To provide for the integration of the Commissioned Corps, through training, planning, communications, and exercising which is commensurable with the joint operational requirements,

To formulate and strengthen the PHSCC capability to respond as a mobile force,

To develop the leadership skills necessary to function rationally in any situation,

To define the policies and mechanisms (or guidance) for the deployment of the PHSCC personnel,

To provide a strong and vital resource, with the mobility to respond to humanitarian and medical assistance crisis situations.

THE PHSCC READINESS STRATEGY

"...strategy forms the plan...maps out the proposed course...and regulates[26]."

Clausewitz
"On War"

What should the characteristics of the PHSCC readiness strategy be? Mainly, the PHSCC readiness strategy must form the plan to achieve the PHSCC interests and to attain the PHSCC readiness objectives. It must map out how the PHSCC will meet its obligations as a mobile uniformed service. The strategy must define the controls necessary to regulate the assignment of the Commissioned Corps officers during national security emergencies and crisis situations. When framing the PHSCC readiness strategy, it must be broad and general to add flexibility: it must be a strategy that is realistic and looks well into the future.

The strategic focus of the PHSCC readiness strategy is to establish a state of readiness through organization, policy, coordination, controls, planning, training, and exercising. The strategy will expand the Corps mobility and capability to respond to any national emergency, or crisis situation, where medical or

health manpower and expertise are critical for the success of the mission.

A good way to frame a strategy is to ask: how and where must the PHSCC commit its resources, its commissioned officers? It is necessary when establishing a PHSCC readiness strategy that it has the total support and commitment of Commissioned Corps management. They must establish the necessary policies to direct the PHSCC Readiness Strategy. The strategy should provide the influence for that decision-making process and policies.

Using the objectives and interests stated, the PHSCC Readiness Strategy[27] would require:

> that within the United States Public Health Service Commissioned Corps an organizational structure must be created for the purpose of planning, developing, and coordinating an acceptable state of readiness that may react, respond, and deploy PHS Commissioned Officers in an efficient and effective manner, as required to meet the demands and challenges placed on the Service, during times of national security emergencies or other crisis situations.

STRATEGIC READINESS PLANNING

> **"The policy of the United States is to have sufficient capabilities at all levels of government to meet essential defense and civilian needs during any national security emergency. A national security emergency is any occurrence, including natural disaster, military attack, technological emergency, or seriously threatens the national security of the United States. Policy for national security emergency preparedness shall be established by the President. Pursuant to the President's direction, the National Security Council shall be responsible for developing and administering such policy. All national security emergency preparedness activities shall be consistent with the Constitution and laws of the United States and with reservation of the constitutional government of the United States[28]."**
>
> **President of the United States**
> **Executive Order 12656**
> **November 18, 1988**

The Executive Order 12656 defines National Security Emergencies and states a policy of what the United States must do for national response during national security emergencies. A PHSCC readiness plan must provide "how" the PHSCC will attain and manage its response capabilities.

The first, and most critical, decision required is where in the PHS organizational chain should the PHSCC readiness function reside. The Office of the Surgeon General is responsible for the management of the Commissioned Corps. Because readiness is a PHSCC resource issue, it would seem appropriate for a readiness organization to be created within the Office of the Surgeon General, with a policy mandate from the Assistant Secretary for

Health and Secretary of DHHS.

There is one major problem facing the PHSCC which will have a significant negative impact when developing the readiness strategy: the ready reserve component is not budgeted or structured as a readiness resource. Ready Reserve Officers are not required to serve on active duty or granted retirement credit. In 1991, legislation was forwarded to Congress which would address this critical shortcoming. Enactment of this legislation is <u>critical</u> for any PHSCC readiness strategy and plan to ensure the successful continuity of services within the PHS Agencies during a PHSCC mobilization and for reserve mobilization.

The PHS readiness plan below outlines some specific areas of the planning process including: readiness management; operational planning; coordination; mobilization; training and exercising; and assessment. It is not inclusive. The intent is <u>only</u> to provide a starting point, as a guide to stimulate thoughts on the planning issues at the strategy level. Developing the complete readiness plan at the strategic, operational, and tactical levels is an extremely complex and tedious task.

Readiness Management

A highly trained management team is essential for the administration of the PHSCC Strategy Readiness Program. Team members must have an understanding of readiness, mobilization, logistics, command, control, communication, and intelligence (C3I) process, and how the Government functions. This PHSCC readiness management team would have responsibility for all aspects of the PHSCC readiness functions, including: the administrative and operational tasks, planning, coordination, training, and accessing the readiness posture and capabilities. The team would serve as the focal point for the PHSCC response. Administrative and operational tasks would involve development of the readiness capabilities, adjudication, policy and procedures, C3I, the automated data processing (ADP) support, and an officer selection process. The creation of a "service culture" within the PHSCC is necessary to develop the PHSCC's full readiness capabilities. Team concept and team development are extremely important and requires emphasis.

Operational Planning

Proper and adequate planning is the critical part of any readiness plan. There are basically two types of planning with the only difference being "time." The first is "deliberate planning" which is conducted during periods of non-emergencies.

Activation and alert systems are established. Scenarios -- global, regional, and multiple situation -- are considered, standard operating procedures are developed, and situation emergency action packages (EAP) are created. EAPs would include: authorities, decision levels, action requirements, internal and external coordination requirements, pre-filled forms, memorandums, and orders. "Crisis action planning" is the second type of planning. This begins when an emergency situation, exists or is imminent, based on intelligent estimates. Hopefully, it could use products from the deliberate planning process and tailor them to meet the existing crisis.

Coordination

The plans must include coordination requirements. Understanding the requirements and coordination is extremely important -- both internal and external -- for developing suitable training and exercises, assessing readiness posture and capabilities, and adequate planning. Lines of communications are required between PHS Agencies, Division for Commissioned Personnel (DCP), HHS/Office for Emergency Preparedness, the Federal Emergency Management Agency (FEMA), Department of Defense (DoD), the National Security Council (NSC), United States Transportation Command (USTRANSCOM), and Commissioned Corps Officers. We must know their requirements and they must know our requirements.

Several major disasters have struck the United States during the past few years. The Department of Defense uses the Joint Chiefs of Staff to coordinate activities and response between the armed services. A similar "joint-like" structure is required for coordination between DoD, FEMA, the PHSCC, and other agencies. FEMA is a coordinating agency, and like the PHSCC, requires considerable logistical support which only the military can provide in a timely manner. The PHSCC's role is to provide the personnel and expertise in managing medical and health problems during a disaster. Joint coordination and timely activation of all of these resources is vital to properly manage a disaster situation.

Mobilization

Mobilization is an integral part of readiness. Mobilization is a process. It does not end until the situation has been resolved and all resources have returned to their non-emergency state. The readiness plan must consider the requirements for various levels of deployments -- from a single officer, to a team of officers, to a full scale mobilization. Types of deployments may involve a full field medical health support team or a specific specialty mix; such as: a psychological response team, a team of engineers and sanitarians, or an administrative management team. A mobilization may only consist of a few officers to handle a medical desk at the HHS/OEP, FEMA, or at the Office for Foreign

Disaster Assistance (OFDA). The key factor is to plan for mobilization; so that, the officers (both active duty and reserve) are properly trained and tasked. Inadequate planning could result in overlapping assignments or untrained officers receiving assignments in which they could not properly function.

Training and Exercising

In preparing for crisis situations, PHSCC training and exercising should include both land and sea scenarios. Coastline disasters and other missions may involve one of the USNS hospital ships. Navy LHA amphibious ships also have a secondary mission of providing for evacuation and disaster relief[29], but may require additional personnel. Regardless of the type of assignment or deployment, every officer should receive training in advance for the role he or she is expected to fulfill. Adequate training and exercising will reduce the personal risks and the risk of failure to perform the required tasks. Proper training and exercising permits a smooth integration into other organizations and operating environments. Officers selected for any of these roles should receive leadership, as well as other related training. When Reserve Officers are used to back-fill deployed active duty personnel, advanced training for their assigned positions is required for those Reserve Officers.

Assessment of Readiness Posture and Capabilities

The readiness plan must include a method for evaluating the PHSCC readiness posture and its capabilities. Everyone involved must know exactly what our capabilities are and how ready we are. One of the most important functions of the readiness management team is to communicate, in advance, this information to the Agencies which may request PHSCC support.

CONCLUSION

> **"Those who desire to shape the future must plan for it or accept the future which others impose on them[30]."**
>
> **Anon**

One may ask, "Why now? We have never had a strategy or plan, so is it really necessary?" Winston Churchill provided an answer to this question in 1940 during a speech before the House of Commons in England when he said, "If we open a quarrel between the past and the present, we shall find we have lost the future." The fact is we are at a point in history where we cannot lose sight of the future. Many changes are taking place in the world. The old Soviet Union no longer exists, but is the world safer or, are there greater risks? Many will say that the world is much more dangerous now then it was when the Soviet Union was intact. Terrorism is still practiced and remains a real threat. The United States itself may become a target for terrorist activities, resulting in mass casualties. Mass immigrations are

possible due to unrest in foreign countries. Humanitarian missions will increase the exposure to many new and old diseases which are still epidemic in other parts of the world.

The armed forces are reducing in size with more support functions, including medical, moving to the Reserve Component. The Department of Defense is assuming more humanitarian and peacekeeping missions. As seen recently, humanitarian mission are not simple and require tremendous logistical support and personnel.

The PHSCC is the largest non-DoD uniformed federal resource of medical and health trained professionals. By the nature of their roles and functions, the PHSCC is a "purple suited" uniformed service. Past history has shown the critical functions that the PHSCC have provided in conjunction with our sister uniformed services. With the proper training, Commissioned Officers from the PHS can take immediate assignments or integrate well with any of the other uniformed services. When regional commander-in-chiefs (CINCs) are planning their theater operations, they will look at the PHSCC to fulfill medical support functions.

There are "important" roles for the PHSCC in the future which are meaningful and significant, and there are "critical" roles for the PHSCC which are crucial for national security. The risks are

great. The challenges are not clearly defined. We must effectively plan for the future -- we cannot afford to react to future situations in a haphazard manner. We definitely do not want others to plan our future for us.

Endnotes

1. The Oath of Office for all uniformed service commissioned officers is described in Section 1757, Revised Statutes (5 U.S.C. 16, M.L. 1949, Section 118).

2. The seven uniformed services of the United States are: Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration.

3. Assistant Secretary for Health. PHS Mission Statement. OASH Memorandum. Washington, DC 1989.

4. Mullan, M.D., F. Plagues and Politics, The Story of the United States Public Health Service. New York, Basic Books, 1989.

5. Ibid

6. Ibid

7. Ibid

8. Korenyi-Both, AL, Juncer, DJ, Davis, RE, et al: Joint Task Force "forward Care" Multicomponent Health Service Support for An Army Reserve Separate Infantry Brigade (Mechanized) - Part III, Military Medicine, 157, June 1992.

9. Mullan, M.D., F. Plagues and Politics, The Story of the United States Public Health Service. New York, Basic Books, 1989.

10. Ibid

11. Ibid

12. The PHS Agencies are: Agency for Health Care Policy and Research; Agency for Toxic Substances and Disease Registry; Alcohol, Drug Abuse and Mental Health Administration; Centers for Disease Control; Food and Drug Administration; Indian Health Service; and National Institutes of Health.

13. President Reagan ordered a study to determine the ability of the country to respond properly and effectively in the event of national emergencies. The National Disaster Medical System (NDMS) was developed out of this endeavor to improve the United States medical emergency preparedness. The Department of Health and Human Services (DHHS) is the lead agency for this multi-agency system.

14. National Disaster Medical System Concept of Operation. Executive Summary, January 1991.

15. Davis, RE, Bachman, L, Normille, JP, et al. Joint Service Training for Medical Readiness, Military Medicine, 155, February 1990.

16. Assistant Secretary for Health, Assistant Secretary of Defense (Health Affairs). Memorandum of Understanding Between the Department of Health and Human Services and the Department of Defense, as amended. Washington, D.C.

17. Eccles, H.E. Strategy - The Theory and Application. Naval War College Review, May-June 1979.

18. National Security Strategy of the United States, January 1993.

19. Basic National Defense Doctrine, Joint Publication 0-1, May 1991.

20. Webster's Seventh New Collegiate Dictionary, Massachusetts, Merriam Company, 1967.

21. Rosinski, H. "New Thoughts on Strategy". This concept was developed in a brief paper on strategy for the President of the Naval War College in September 1955.

22. The Surgeon General's statement regarding the Revitalization Program for the Commissioned Corps of the United States Public Health Service.

23. National Security Strategy of the United States, January 1993.

24. These are PHSCC readiness interests developed based on the research for this paper.

25. These are PHSCC readiness objectives developed based on the research for this paper.

26. Clausewitz, C. On War. (translated by Howard and Paret). New jersey, Princeton University Press, 1989.

27. This is the PHSCC readiness strategy developed based on the research for this paper.

28. President of the United States. Executive Order 12656 of November 18, 1988: 47491

29. Mission Statement: USS Saipan (LHA2), 1992.

30. Anon. National Security Strategy, Strategy and Warfare Lesson 25.